

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1212SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/12/2009
NAME OF PROVIDER OR SUPPLIER TORREY PINES CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 S. TORREY PINES DRIVE LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted at your facility on June 12, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00021842 was unsubstantiated. Complaint #NV00022085 was unsubstantiated. Complaint #NV00022150 was substantiated with deficiencies cited. See Tags Z 265, Z 310, and Z 471.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	
Z265 SS=D	<p>NAC 449.74477 Pressure Sores</p> <p>Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that a patient:</p> <p>1. Who is admitted to the facility without pressure sores does not develop pressure sores unless the development of pressure sores is</p>	Z265	<p>Z265</p> <p>a) Resident #2 has discharged from the facility.</p> <p>b) All patients have the potential to be affected</p> <p>c) The nursing staff will complete skin assessments upon admission, quarterly, annually and on significant change of condition with weekly monitoring as noted on the "Routine Skin Check Sheet" to identify actual and or potential skin impairments. The C.N.A.'s will also verbally report to the Licensed Nurses any skin impairments noted during patient care. A care plan will be developed to address the needs of the individual patient. IDT will review the plan of care and revise and or update the interventions, as needed.</p> <p>d) The Director of Nursing, or designee, will review skin sheets.</p> <p>Skin Concerns will be reviewed by IDT and/or wound care team for further monitoring.</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Executive Director

11/20/09
continuation sheet 1 of 3

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AND CERTIFICATION
CARSON CITY, NEVADA

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Z265	Continued From page 1 unavoidable because of the medical condition of the patient; and This Regulation is not met as evidenced by: Based on record review, the facility failed to have evidence that, a resident who entered the facility without skin breakdown, was provided services to prevent the development of an avoidable pressure sore for 1 of 15 residents (Resident #2). Severity 2 Scope 1	Z265	Any concerns will be brought to the facility's Performance Improvement committee for review and monitoring. e) Compliance will be monitored by the Director of Nursing, or Designee. f) Anticipated date of correction is November 20, 2009	11/20/2009	
Z310 SS=D	NAC449.74493 Notification of Changes or Condition 1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when: (a) The patient has been injured in an accident and may require treatment from a physician; (b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on record review, the facility failed to report loose stools or the development of pressures sores to the physician for 1 of 15 residents (Resident #2).	Z310	Z310 a) Resident #2 has discharged from the facility b) All patients have the potential to be affected c) Nursing staff will be re-educated on policy and procedure for alerting involved parties of changes in condition Nursing aides will be educated on reporting items to nursing staff. d) Any issues will be brought to the facility's Performance Improvement committee for review and monitoring e) Compliance will be monitored by the Director of Nursing, or Designee. f) Anticipated date of correction is November 20, 2009 Z471 a) Residents #2, 5, 6 & 7 have discharged from facility	11/20/2009	

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If continuation sheet 2 of 3

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Z310	Continued From page 2 Severity 2 Scope 1	Z310	b) All patients have to potential to be affected.		
Z471 SS=E	NAC 449.74539 Physical Environment 2. Care for each patient in the facility in a manner that promotes the dignity of the patient and his quality of life; This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to answer call lights in a timely manner for 4 of 15 residents (Residents #2, #5, #6, and #7) and failed to have evidence that a grievance was addressed for 1 of 15 residents (Resident #7). Severity 2 Scope 2	Z471	Z471 (cont) c) Staff will be educated on call light and grievance policy and procedure. Through the "Angel Care" Program, key facility staff will verify needs are met and no outstanding grievances are present through routine visitations. d) ED, or designee, will review "Angel Care" responses for concerns. Any issues will be brought to the facility's Performance Improvement committee for review and monitoring. e) Compliance will be monitored by the Executive Director, or Designee. f) Anticipated date of correction is November 20, 2009		11/20/2009

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If continuation sheet 3 of 3